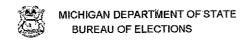


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE	
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From:/_/ to/_23///
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.
150579	Davis Joseph F.
	4a. Office Sought Including District # or Community Served (If applicable)
2. Committee Name	The Course of th
2. Constitute regine	
Told Davis for County Commissioner	44b. County of Residence BAY
5. Committee's Mailing Address	6. Treasurer's Name & Residential/Address
gog. n. Wewma	Jodi Brayman
909, 11 well a	nsen Strieter Dr.
Bay City, Mi. 48706	2880 Stricter Dr. Bay City, MI. 48706
1 out of	Bay city, roll. To lot
Area Code and Phone (989) 840-1933	
If the address in this box is different from the committee	Land The BATE
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone (989) 545-8058
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
2880 Strileter Dr.	Joe DAVIS
1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Jun Januil
2880 Stricter Dr. Bay City, Mi. 48706	909 N. WENONA BAY (177 MT 48706
	D 1 1 0 100
	12A7 (1)7 -672
Area Code and Phone <u>(489/545-805</u> 8	Area Code and Phone 989 - 860 - 1932
9. TYPE OF STATEMENT	
9a. Pre-Election OR 9b. Post	ost-Election 9c. Annual Statement (<u>2011</u> Coverage Year)
1	
	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Pre-Election or Post-Election Statement relates to:	— of se to indicate which statement is being amended)
	9e. Dissolution of Candidate Committee
Primary	eneral
Convention	Effective Date of Dissolution chool
Convenient	
Special Cau	aucus
L Opecial Laboration	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for
- (the Reporting Waiver.
	Note: The disposition of residual funds must be reported on Schedule
	18 and the Summary Page.
A committee that does not have a Reporting Waiver must file all reschedules. Direct contributions, in-kind contributions, loans, expe	required Campaign Statements. The Campaign Statements must include all applicable penditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has change	nged since the information was shown on the committee's Statement of Organization, an
before the filing deadline of a required campaign statement, t	nged since the information was shown on the committee's Statement of Organization, an y this Campaign Statement. If a request for a Reporting Waiver is not received on or , that campaign statement cannot be waived.
10. Verification: I\We certify that all reasonable diligence was used my\our knowledge and belief the contents are true, accurate and c	ed in the preparation of this statement and attached schedules (if any) and to the best of complete.
Current Traccitor or	Charles and the second of the
Current Treasurer or Designated Record keeper Dayman	1 All Day man Date 1/20/12
Type or Print Name	Signature //
	Signature Date 1/20/12
Candidate Joe F. Davis	Date 1/20/12
Type or Print Name	/Signature



SUMMARY PAGE CANDIDATE COMMITTEE

1. Committee I.D. Number 150579

2. Committee Name Tul David for Commissioner

CANDIDATE COMMITTEE	2. Committee Name 1/200 00 11	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	. ,	Summary the design system
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1779,46</u>	
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 1,779,44	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 1,779-46	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES	, 2	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>257, 13</u>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		(24.) \$
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 4/6/	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ 1,779,46	
	(15.) = \$ 3,195,83	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$	
(Add lines 9 and 11) 17. ENDING BALANCE	(17.) \$ <u>2,195,85</u>	•
(Subtract line 16 from line 15)		



ITEMIZED IN-KIND CONTR	RIBUTIONS	579
SCHEDULE 1-IF		<u> </u>
CANDIDATE COMM	IITTEE 2. Committee Name JUST. Du	wis for Country Commissioner
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services appropriate to the purchased.	7. Amount or 8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan	
Name & Address: Joe F. Davis 909 n. Weword Bay City, Mi. 48706 If over \$100.00 cumulative, please provide:	Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LO Description	s 111. 46 s 111.46
Occupation: In Suranla Agent Employer Name & Business Address:	5. Date Of Receipt: 7/5/11	
Durussel Insurance 374 E. Wilder Rd. Bay City, Mi. 48700	6. Vendor Name & Address: GFS Marketplace 3730 Wilder Rd. Bay City, M. 48706	Click Here for Memo Itemization
Fund Raiser Contribution	1009 419 3 411, 10 10 9	
Contribution # 2 PAC Receipt? Yes Name & Address Joe F. Davis 909 N. Wellowa	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others	s 27.17 s 138.63
Bay City , Mr. 48706 If over \$100.00 cumulative, please provide:	Goods or Services Purchased by Candidate or Others- L Description	OAN
Occupation:	5. Date Of Receipt: 7/7/11	
Durussel Insurance 3741 E. Wilder Rd. Bay City, Mi. 48706	6. Vendor Name & Address: Butternut Bread 824 N. Euclid Bay City , Mi. 48706	Click Here for Memo Itemization
Fund Raiser Contribution		
Contribution #3 PAC Receipt? Yes Name & Address: JOE F. DWIS ADA M. Wenna	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-L0	s 118.50 s 257.13
Bay City, Mi. 48 706 If over \$100.00 cumulative, please provide:		SAN
Occupation: INS Employer Name & Address: Dukussel In Surance	5. Date Of Receipt: 7/13/11 6. Vendor Name & Address: Paul Kramer	Click Here for Memo Itemization
3741 E. Wilder Rd. Bay City, Mi. 48706	West Side Meats 3536 E. Hotchkiss Rd.	

Bay City, MI. 48706

Page Subtotal

Grand Total of all Schedules 1-IK (Complete on last page of Schedule)

Enter this total on line 6 of Summary Page

Page	1	of	1
		_	

Fund Raiser Contribution

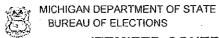
Summary Page.

FUND RAISER SCHEDULE 1F

				is for County Commiss	nonep
	- USE A SE	PARATE SH	EET FOR EACH EVEN	IT -	
ate Event Was Held	4. Number of Indi or Participating (v greater)	vhichever is	5. Type of Fund Raising Activity Summer Pichic	6. Address and Name (If any) of the place where the activity was held. Bay Lity Lions' Club Lions Lanz Bay City & M. 4 Private Residence	Pavil
otal Contributions	#	1779,5	He		
her Receipts					
oss Receipts (Add lines 7	and 8)		<u>46</u>		
Total Cost of Event Cost includes In-Kind Co		[≱] ス5フ. ¹³ All Expenditures			
Check if event was a jo	int fund raiser a	nd complete the	following:		
Co-Sponsor(s)	int fund raiser a	nd complete the Contribution S (%)	-	Expenditure Split (%)	
	int fund raiser a	Contribution S	-		
	int fund raiser a	Contribution S	-		
	int fund raiser a	Contribution S	-		
	int fund raiser a	Contribution S	-		

Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

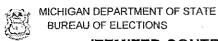


CANDIDATE COMMITTEE

1. Committee 1.D. Number 150579

2. Committee Name Jol Davis for County Commission

CAMPIDATE COMMITTEE 2. Committee Name 2/2	20013 701 200000
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7-7-// Name & Address: VA US hN Begick 53 53 LORRAINE CR. BAJCITS MIT 4876 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person X Fund Rajser,	O & 100 sClick Here for Memo Itemization
A. Contribution #2 PAC Receipt? YES 4. Date of Receipt MARJORIE Begick 5353 Lorraine Cr. Bay C.Tg MT48706 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person X Fund Raiser	s 19,99 s Click Here for Memo Itemization
And Solve S. Johnson BA (17) MIT 48708 Solve S. Johnson BA (17) MIT 48708 To over \$100.00 cumulative, please provide: Direct Loan from a person Fund Raiser Fund Raiser Fund Raiser Part & Par	\$\$Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/7/// Name & Address Joel Johnson 9990 BASS Lahle Ro C/ARE MI 48617 5. If over \$100.00 cumulative, please provide: Occupation Employer	s /9, 99 s Click Here for Memo Itemization
Business Address	
Page of _ le_	line 3a of Summary Page.

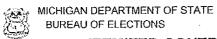


CANDIDATE COMMITTEE

1. Committee I.D. Number 1505/9

2. Committee Nam The Auris KIS (Truth Commissioner)

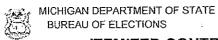
CANDIDATE CONTINUE 1 2. Committee Name 2.	mus fria	way or www.
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/7/// Name & Address: Scott Lose 5053 S. 8m/le Ro. Auburn m.T. U861/ 5. If over \$100.00 cumulative, please provide: Occupation Employer	s 19, 99 Click Here fo	\$ or Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/7/// Name & Address TERY Kelly 164 BA Share DR- 164 BA Share DR- 165 MT USTO 6 5. If over \$180.00 cumulative, please provide:	\$ /9, 59 Click Here fo	sr Memo Itemization
Occupation Employer		
Business Address	÷	
Type of Contribution: Direct Loan from a person X Fund Raiser		
Name & Address: DiANE ENGERHARD T 4737 Bever & Lane BA-CITY ME 48706 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ 19. Click Here for	\$ Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address EMMONS Engelhands 4737 Bevon Lane Day Communicative, please provide:	\$_/9, 99 \$_/9, Glick Here for	sr Memo Itemization
Occupation Employer	Onor Here to	MOTTO ROTTLEAGUET
Business Address		
Type of Contribution: Direct Loan from a person & Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number 1505 19
2. Committee Name Jul Duris for Country Commissioner

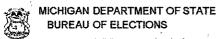
	()
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/1/1/ Name & Address: Helen Trenice 732 Avenorice 732 Avenorice 5. If over \$100.00 cumulative, please provide:	\$ 19 \$ Click Here for Memo Itemization
Occupation Employer	Charles to the terms to the auto-
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/7// Name & Address DOS 145 TREICE 732 AVONOME BAS CTS M.T. 48708 5. If over \$100.00 cumulative, please provide:	s /9, ⁹⁹ ssClick Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Name & Address: AARON BAY LIG 1332 S. KINN RO NUNCL MT. 48747 5. If over \$100,00 cumulative, please provide: Occupation Employer Business Address	\$ 20,60 s Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/7/1/ Name & Address To el Couseur 24/ Donnhe Beh BAT CITY. M.T. 48706 5. If over \$100.00 cumulative, please provide:	\$ /00,000 s Click Here for Memo Itemization
OccupationEmployer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 3 of 16	777.13



1. Committee I.D. Number 150579

2. Committee Name The Dan's for County Conquissioner

CANDIDATE COMMITTEE 2. Committee Name 2.	mus pur lo	mand minimosi
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/7/// Name & Address: (A Le Gougeon 241 Sanahae Bah (The Mt. 48706) 5. If over \$100.00 cumulative, please provide: Occupation Employer	s / 9. 99 Click Here fo	§ or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person K Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/7/// Name & Address ANNA EVANS BCh BT 45 City MT 48706 5. If over \$100.00 cumulative, please provide:	s_/9,_99 Click Here fo	sor Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Name & Address: MATT Be Dewy ex 350 R; v.u. Rd; City Mt 4870 6 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ /9, 99 Click Here fo	sr Memo Itemization
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/7///	,	
Name & Address Vera Begick (242 5 3 mile R) 5. If over \$190.00 cumulative, please provide: Occupation Employer	\$ 19. 99 Click Here fo	sor Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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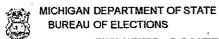


CANDIDATE COMMITTEE

1. Committee I.D. Number 150579

2. Committee Name The Davis for Crushy Commissioner

Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/7/// Name & Address Type of Contribution: Direct Loan from a person Pack address A Date of Receipt Pack Address Type of Contribution: Direct Loan from a person Pack address Type of Contrib	CANDIDATE COMMITTEE 2. Committee Name 2.	BAND 1 or D	O WWW I LO YWYW SON
Name & Address: Nonbect Besides Nonbect Besides Nonbect Besides Store \$100.00 curriolistive, please provide: Coccupation Employer Businese Address None & Address None & Address Day i O Clark L 260 Nr Van bunner Businese Address Day i O Clark L 260 Nr Van bunner Coccupation Employer Businese Address Name & Address Name & Address Day i O Contribution: Direct Contribution: Employer Business Address Type of Contribution: Direct Contribution: Employer Employer Business Address Type of Contribution: Direct Contribution: Employer Employer Employer Employer Employer Employer Business Address Type of Contribution: Direct C	middle initial. Check box to indicate if contribution is from a Political Committee or an Independent	6. Amount	Election Cycle for Each Contributor (Through
Business Address Type of Contribution: Direct Loan from a person X Fund Raiser 3. Contribution #2 PAC Receipt? YES	Name & Address: Number T Begick 6242 5. 3mile 1. MI 48706 5. If over \$100.00 cumulative, please provide:		\$or Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 1/2 / 1 / 1 / 1 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 1/2 / 1 / 1 / 1 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 1/2 / 1 / 1 / 1 Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7 / 7 / 1 / 1 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7 / 7 / 1 / 1 Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7 / 7 / 1 / 1 Subsiness Address Type of Contribution: Direct Loan from a person Fund Raiser 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Cocupation Fund Raiser Fund Raiser 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Cocupation Fund Raiser Fund Raiser 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Cocupation Employer Employer Business Address Fund Raiser 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Cocupation Employer Employer Business Address Fund Raiser Cocupation Employer Page Subtotal Fund Raiser Cocupation Direct Loan from a person Fund Raiser Cocupation Employer Page Subtotal Fund Raiser Cocupation Direct Loan from a person Fund Raiser Cocupation Direct Loan from a person Fund Raiser Cocupation Direct Direct			
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 1/7/// 240 Nr VANDUARN 340 Nr VANDUARN 5. If over \$100.00 cumulative, please provide: Cocupation #3 PAC Receipt? YES 4. Date of Receipt 7/7/// 120 Nr STH ST 1			
Business Address Type of Contribution: Direct Loan from a person X Fund Raiser 3. Contribution # 3	3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 1/7/1/ Name & Address 260 No VANBURTN' BAY (175, M. I. 48708)		\$sr Memo Itemization
Business Address Type of Contribution: Direct Loan from a person X Fund Raiser 3. Contribution # 3	Occupation Employer		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/7/// Name & Address: DAR LAN			
Name & Address: DAR RAY & WRUM, hol 2 1204 STH ST' 39, 98 S	Type of Contribution: Direct Loan from a person Fund Raiser		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/7/// Name & Address Shan Kown 1411 Rollings 57. 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 99.95	Name & Address: DAR LENE KRUMP holz 1204 5-TH 5T' BAY (TY MI 48708) 5. If over \$100.00 cumulative, please provide:		\$ r Memo Itemization
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/7/// Name & Address Shank Kowal 411 Rollings 57. 5/2000 Blank Mt 48439 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Cocupation			
Name & Address Shank kowal 1411 Rollings 57. Grand Blank Mt 48439 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 99.95			
Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 99,95	Name & Address		\$ Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 99,95	Occupation Employer		
Page Subtotal 99,95	Business Address		
	Type of Contribution: Direct Loan from a person Fund Raiser		
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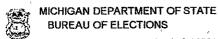


CANDIDATE COMMITTEE

1. Committee I.D. Number 150579

2. Committee Name Jul Davis for County Commy Ssimer

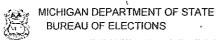
CANDIDATE COMMITTEE 2, Committee Ivame (THE SAUCE IN THE BOTH ASS.
Enter contributor's name and address. If contribution is from an individual, enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	e, 6. Amount 7. Chrollative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/7/// Name & Address: Charles Barro C	S G C S S Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/7/// Name & Address Kellie BAUR 607 W. Ohio 5 T PAY (T) MT 48706 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$\$\$Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 Name & Address: Allen Kennedy 3/40 Dillon R 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	\$ 19. 99 Solick Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address Mike Rivard Syo N. Garkield Riv Livual MI. 48634 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	S 40,00 s Click Here for Memo Itemization
Page Sub Grand Total of All Schedules (Complete on last page of Schedules) Page Of (O	1A 7 17 10



CANDIDATE COMMITTEE

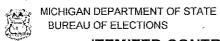
1. Committee I.D. Number _	150579	
2. Committee Name	Davis for Courter Co	mmissimer

	7 / 00
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7/7/// Name & Address: (NRIS RIP ROLL NO NO NO CUMULative, please provide:	\$\$
Occupation Employer	The state of the s
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/7/// Name & Address	2 99
50e RUP 175 S. (INCOLD R) 5. If over \$100.00 cumulative, please provide:	\$ Click Here for Memo Itemization
OccupationEmployer	
Business Address	
Type of Contribution: Direct Loan from a person M Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/7/1/ Name & Address: LYNN ROYALD 840 N. GARKELD RD LINUX 2-0 MT- 48634 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	\$ 1919 \$S
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/7/// Name & Address 9/4 McKinley GAJ (IT), MT 48708 5. If over \$100.00 cumulative, please provide:	\$ 19, 99 \$
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Business Address	
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Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 7 of 6	Enter this total on line 3a of Summary Page.



1. Committee I.D. Number 150579
2. Committee Named The Day of For Contract Commissioner

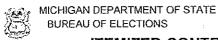
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/7/// Name & Address: JA50 N COW eN 4630 Klajsle CS MIDIAND, MI H8642 5. If over \$100.00 cumulative, please provide:	\$ /9"	\$for Memo Itemization
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Adam Redick 4012 11 Mile Rd. Auburn, MI 48611	s 75,00	\$
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Name & Address: Melvin Graham. 900 W. HAST 13A CITS MT 48706 5. If over \$100.00 cumulative, please provide:	\$ 40.	sor Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/7/// Name & Address 11 N WATLL 57, 5Te 203 A CITY M.E. U8788 5. If over \$100.00 cumulative, please provide:	s 25 - 20 Click Here fo	- - \$or Memo Itemization
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CANDIDATE COMMITTEE

1. Committee I.D. Number	15001	1
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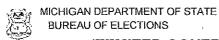
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: JACOB DASHO PAC Receipt? YES 4. Date of Receipt PAC	s <i>QO</i> , — Click Here fo	\$or Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/7/// Name & Address KATHKES DUSCAN 3198 ARNSID CT. GAY CTS, Mt. 48706 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ 39, £8 Click Here fo	s r Memo Itemization
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CANDIDATE COMMITTEE

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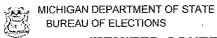
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Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/7/// Name & Address MARCUS GASKE 500 MARSTON GATCITY MT 48706 5. If over \$100.00 cumulative, please provide:	\$ /9, 99 Click Here fo	sor Memo Itemization
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CANDIDATE COMMITTEE

1. Committee I.D. Number 150579
2. Committee Name Julis for County Commissioner

CANDIDATE COMMANTILE 2. Committee Name 200	NOW O A BILL CO.	(1) (1)
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3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: PAN HAABORTH 7 0 8 5A5 INAU ST SA IT MT 48706 5. If over \$100.09 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct	\$ / 9, 99 Click Here for	\$ Memo Itemization
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/7/1/ Name & Address Chris Hotchkiss (OC E. (ENTER R) Essexville MT48742 5. If over \$100.00 cumulative, please provide: Occupation Employer	s 19, 99 Click Here for	\$ r Memo Itemization
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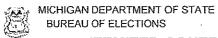


CANDIDATE COMMITTEE

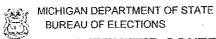
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3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7/7/11 Name & Address: "THOMAS ARMSTRONG TO PORT OF PACKET O	19 99
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CANDIDATE COMMITTEE 2. Committee Name Will	DANJAN (ON	nity wormskin
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3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7/7/// Name & Address: ANIE PETZKE 1067 Shady Share DR Day CTS MT 48766 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	s 60,000 Click Here fo	\$or Memo Itemization
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3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/7/// Name & Address Mine Green 1500 E. Black Mone R) MAYUILE, MT. 48744 5. If over \$100.00 cumulative, please provide:	s 50,00	sr Memo Itemization
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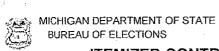


CANDIDATE COMMITTEE

1. Committee I.D. Number

2. Committee Name The Davis for Committee Name The Name The Davis for Committee Name The Name

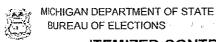
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount C. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7/7/// Name & Address: 12655 W. Hotchkiss W. 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$SSSClick Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/7/11 Name & Address Michelle Dittenser 12655 W. Hotchhiss RD- FRICIAN MT 48623 5. If over \$100.00 cumulative, please provide:	s / 9 s Click Here for Memo Itemization
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3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: Kenneth Grzegerczyk 2889 Queen Annes CT Bay CT3, Mt. 1870 6 5. If over \$100.00 cumulative, please provide: Occupation	\$ 19,99 \$ S Click Here for Memo Itemization
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3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/7/1/ Name & Address Jodi BRAYMAN 2880 STRIETER DR. 5. If over \$100.00 cumulative, please provide:	\$
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Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 14 of 16	Enter this total on line 3a of Summary Page.



CANDIDATE COMMITTEE

1. Committee I.D. Number 150579
2. Committee Name The Day'S for Gray Commissioner

CANDIDATE COMMINITIES 2. Committee Name 400	Prod Prod	new to home that
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7 Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/7/1/ Name & Address: CAMME RATHKARP: 7340 Midland Rd: Free Address 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	\$ 19. 99 Click Here fo	s r Memo Itemization
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CANDIDATE COMMITTEE

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS	•
ITEMIZED CONTRIBUTIONS SCHEDULE 1A	Committee I.D. Number 150579
CANDIDATE COMMITTEE 2.0	Committee Name JUL Buris for Chuty Community
Enter contributor's name and address. If contribution is from an individual, enter i middle initial. Check box to indicate if contribution is from a Political Committee o Committee (PAC) Report <u>all</u> contributions regardless of amount.	
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt Name & Address: DARY S. R. Jers, De Dr. AUGUS MET 48703 5. If over \$100.00 cumulative, please provide:	7/1/1/ \$
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Business Address Type of Contribution: Direct Loan from a person Fur	nd Raiser
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address S. Riverside DR. Augue's Mt. 48703	5 1 9 9 9 s

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